

State of Washington
Decision Package

FINAL

Agency: 303 Department of Health

Decision Package Code/Title: 7B Child Health Enhancements

Budget Period: 2001-03

Budget Level: PL - Performance Level

Recommendation Summary Text:

This package requests General Fund-State support to add pneumococcal conjugate vaccine to the list of medically recommended childhood vaccines provided by the Department of Health (DOH) for all children through age 5 in Washington, support for immunization assessment infrastructure, and support to continue statewide expansion of the health promotion component of CHILD Profile to families with children up to age 5.

Fiscal Detail

Operating Expenditures	<u>FY 2002</u>	<u>FY 2003</u>	<u>Total</u>
001-1 General Fund - Basic Account-State	7,744,000	7,022,000	14,766,000
Total Cost	7,744,000	7,022,000	14,766,000

Staffing	<u>FY 2002</u>	<u>FY 2003</u>	<u>Annual Average</u>
FTEs	2.2	2.2	2.2

Package Description:

Provision of Recommended Vaccines

Pneumococcal diseases are infections caused by the bacteria *Streptococcus pneumoniae* (*S. pneumoniae*), also known as pneumococcus. The most common types of infections caused by this bacterium include middle ear infections, blood stream infections (bacteremia), sinus infections, and meningitis. Young children are much more likely than older children and adults to get pneumococcal disease. Children under age 2, children in group child care, and children who have certain illnesses such as sickle cell disease are at higher risk than other children to get pneumococcal disease. Additionally, pneumococcal disease is more common among children of certain racial or ethnic groups, such as Alaska Natives, Native Americans, and African Americans.

Each year in the United States, pneumonia causes approximately 700 cases of meningitis, 16,700 cases of bacteremia or other invasive disease, and 4.1 million cases of otitis media in children under the age of 5. Children under age 2 average more than one middle ear infection each year, many of which are caused by pneumococcal infections. *S. pneumoniae* is the most common cause of bacteremia, pneumonia, meningitis, and otitis media in young children.

In June of 2000, the national Advisory Committee for Immunization Practices (ACIP) approved the use of Pneumococcal Conjugate Vaccine, 7-valent (PCV7) for routine immunization of children ages 0 through 23 months, and children 24 through 59 months at highest risk for contracting pneumococcal disease. Additionally, the

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federal Vaccines for Children (VFC) program added PCV7 to the list of vaccines to be administered to VFC-eligible children. The Vaccines for Children program is a federal program which provides vaccines in lieu of funding directly to states for the following categories of children: Uninsured, underinsured, Medicaid eligible, Native Americans and Alaska Natives. The Washington State Vaccine Advisory Committee (VAC) has also recommended the use of PCV7 in the age cohorts described by the ACIP.

Immunization Assessment

Immunization assessment includes the identification of individual, clinic, community, and statewide immunization coverage, disease surveillance, reporting, and outbreak control, quality assurance monitoring, and vaccine management and accountability. An information system will facilitate these essential assessment functions by making accurate immunization information quickly and easily accessible. Through an immunization information system, individual immunization histories can be consolidated so that immunizations received from all providers are contained in one central record. This facilitates parent and provider access to individual immunization information for decision making and reporting (i.e., school entry requirements). Such a system also aids providers in determining what immunizations are due by comparing a patient's immunization history to the recommended immunization schedule. On the clinic and community level, an immunization information system enables more efficient and automated clinic, community, and statewide assessment - including immunization coverage level reports for communities and counties, aids in identifying pockets of underimmunized children, provides managed care reports, vaccine accountability reports, and Federal reporting requirements.

Health Education/Health Promotion

CHILD Profile health promotion is the state's primary mechanism for reminding parents of children 0 - 6 years of the need for well-child checkups and immunizations. In 1997, DOH submitted the CHILD Profile Expansion Plan as required by the Legislature in their 1996 session. The plan described the DOH role in CHILD Profile expansion - funding for statewide expansion of the health promotion component. DOH began statewide expansion of CHILD Profile health promotion on July 1, 1998, starting with births. In starting with births and considering the program provides materials (i.e. Immunization fact sheet and Watch Me Grow growth chart) to parents of children 0 to 6 years, it will take 6 years from implementation before the program is fully implemented and costs top-out (SFY 2004). As described in the CHILD Profile Statewide Expansion Plan, DOH dedicated available funding for this expansion and intended to seek sponsorship from Washington businesses to supplement our existing funding. Currently, health education/health promotion materials are being provided to children statewide from age 0 to age 3. This decision package requests funding to continue the statewide implementation, adding children age 3 in SFY02 and children age 4 in SFY03.

Narrative Justification and Impact Statement

How contributes to strategic plan:

PERSPECTIVE:

1.0 VALUE AND BENEFIT: WHAT PUBLIC BENEFITS WE CREATE:

GOALS:

1.2 Goal: Improve health outcomes for the people of Washington State by selecting and achieving agency-wide performance measures and targets.

INITIATIVES:

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1.2.3 Develop and implement specific plans for addressing these key factors and achieving the performance targets.

Performance Measure Detail

Goal: 202 Improve Health Outcomes

Output Measures	Incremental Changes	
	<u>FY 2002</u>	<u>FY 2003</u>
02R Vaccine doses	285,600	230,516

Reason for change:

Maintain current policy of universal distribution, improve immunization levels statewide, facilitate immunization assessment activities, and continue statewide expansion of CHILD Profile Health Promotion.

Impact on clients and services:

Provision of Recommended Vaccines

Adding PVC7 vaccine to the routine childhood immunization schedule over the next biennium will cause a decrease in the number of diseases related to *S. pneumoniae*, such as meningitis, pneumonia, blood stream infections, and otitis media (ear infections). In a recent PCV7 study done of 37,000 infants, 7% had fewer visits to the doctor for otitis media and a 20% decrease in the number of tympanostomy tubes (ear tubes) placed. The vaccine was also shown to decrease the number of episodes of pneumonia.

Assessment

An immunization information system consolidates historical immunization record which facilitates parent and provider access to individual immunization information, aids providers in determining what immunizations are due, and in reminding patients when an immunization is due or past due. This system will also facilitate clinic, community and statewide immunization assessments by providing coverage reports for managed care, coverage level data on large and small geographic population groups which helps target immunization outreach activities within communities. In addition, this system will help focus quality improvement activities based on data received from vaccine use, clients served, and vaccine accountability. Susceptible populations and individuals can be quickly identified in disease outbreak situations, and vaccine adverse events can be monitored, investigated and reported efficiently.

Health Education/Health Promotion

The CHILD Profile health promotion materials consist of 17 mailings that parents receive between the time their child is born and until their 6th birthday. They are reminders of the need for well-child checkups and immunizations. They are age-specific and sent to parents 30 days prior to the recommended American Academy of Pediatric schedule for well-child checkups. The materials also contain parenting information on nutrition, growth, development, oral health, safety, and other issues. The intent is that the materials be comprehensive to the public health educational messages targeted at parents of children birth to 6 years, yet also concise.

Impact on other state programs:

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None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

The Department of Health under the direction of the State Board of Health (SBOH) has put together a task force of public and private constituents to explore long term vaccine funding options (including funding for assessments) and to make recommendations to the SBOH. On June 14, 2000, the SBOH approved a motion to maximize access to vaccines and maintain immunization rates.

Regarding support for health education/health promotion activities, the agency continues to explore seeking funds from potential partners.

Budget impacts in future biennia:

In the 03-05 biennium, we anticipate the following:

1. PCV7 vaccine utilization rate will increase.
2. Immunization information system records/database will increase.
3. Adding the additional birth cohort to receive the CHILD Profile health promotion materials in SFY 04 (requiring additional funding to complete statewide expansion).

In the 05-07 biennium, the PCV7 vaccine will have been fully implemented in children 0-59 months. At this point forward, only the new one year birth cohort will be immunized at birth.

Distinction between one-time and ongoing costs:

These are ongoing costs. Regarding health education/health promotion, as statewide expansion of CHILD Profile health promotion continues, a new cohort of parents begins receiving the materials each year. Once fully implemented statewide, as the cohort of parents of children age 6 years graduate from receiving the materials, a new cohort of parents with newborns begins receiving the materials. In July 2004, all parents of children 0 to 6 years in Washington will be sent the materials. This is approximately 480,000 children.

Effects of non-funding:

Provision of Recommended Vaccines

The federal Vaccines for Children (VFC) program mandates provision of medically recommended vaccines for eligible children. If sufficient GFS funding is not provided, it would result in a "two-tier" level of access to immunizations. Non-VFC children would be denied state/federally funded vaccines that are provided to VFC eligible children. Further, the increased administrative burden to private providers who would be forced to verify vaccine eligibility for each child

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will result in fewer providers willing to immunize children in their offices. This will most likely result in lower protection of our state's children to vaccine preventable diseases. It is very likely that many providers will start referring children to public health departments for vaccines, creating a greater demand for PCV7 immunization services in local health jurisdictions without resources to manage them.

Local health departments are not prepared to handle the shift in patient load and in fact many have worked toward reduction and in some instances elimination of direct patient services and more to an assurance role. Support for children to be immunized in their medical home would be disrupted. This would lead to lower community immunization levels and the return of disease outbreaks.

The universal vaccine access and distribution policy could not continue as it is currently implemented in Washington State. As implemented in Washington State, universal vaccine access and distribution means all children have access to the same vaccine, regardless of ability to pay, according to the nationally recommended medical schedule and those vaccines approved by the ACIP for inclusion in the VFC federal entitlement program.

Assessment

Continued existence of the immunization information system would be remote.

Health Education/Health Promotion

Effects of non-funding would include (some) parents not receiving reminders of the need for well-child checkups and immunizations, age-specific development, safety, and resource and referral information.

Children who miss well-child checkups or whose parents do not have information on the developmental milestones are at risk of a delayed or missed diagnosis. Developmental problems identified early may be ameliorated. Delayed diagnosis of a developmental problem may require longer-term therapy and/or result in long-term to permanent effects.

Expenditure Calculations and Assumptions:

2.20 FTEs, salary, benefits and related costs are included for the following activities:

1.0 FTE of a WMS Band 1 to provide Immunization Program management and staff supervision for statewide programs to improve immunization coverage and reduce disease incidence.

1.0 FTE of a Health Services Consultant 3 to integrate an immunization registry into existing state immunization programs related to assessment planning, implementation and evaluation; and to provide leadership within the immunization program for registry development.

0.2 FTE related to increased vaccine warehousing requirements. Made up of 0.1 FTE of a Health Program Specialist 2 and 0.1 FTE of a Warehouse Worker 2.

PCV7 VACCINE

It is assumed that 60% of eligible children will receive PCV7 vaccine in SFY 2002 and 65% in SFY 2003. 80,000 birth cohort used. 15% high-risk population used. The federal Vaccines for Children Program will cover 56% of the costs. The current vaccine price is \$45.99 per dose.

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SFY 2002

40,000 children statewide (0-6 months of age) x 4 doses = 160,000 doses
40,000 children statewide (7-11 months of age) x 3 doses = 120,000 doses
80,000 children statewide (12-23 months of age) x 2 doses = 160,000 doses
36,000 children statewide (24-59 months of age/high risk only) x 1 dose = 36,000 doses

476,000 doses x .60 utilization = 285,600 doses x \$45.99 cost per dose = \$13,134,744
44% state = \$5,779,287
56% vfc = \$7,355,457

SFY 2003

80,000 children statewide (0-11 months of age) x 4 doses = 320,000 doses
4,000 children (12-23 months of age) x 2 doses = 8,000 doses
4,800 children (24-35 months of age/high risk only) x 1 dose = 4,800 doses
21,840 children (36 -59 months of age/high risk only) x 1 dose = 21840 doses

354,640 doses x .65 utilization = 230,516 doses x \$45.99 cost per dose = \$10,601,430
44% state = \$4,664,629
56% vfc = \$5,936,801

IMMUNIZATION INFORMATION SYSTEM

SFY02 SFY03

Number of children 0 to age 6 480,000 480,000
% children in the system 65.00% 80.00%
Number of children in the system 312,000 384,000
Cost per child \$5.03 \$5.03
Total Immunization Information System Cost \$1,569,360 \$1,931,520

CHILD PROFILE HEALTH PROMOTION

Funding would be contracted to the Public Health Seattle-King County.

01-03

SFY02 SFY03 BIENNIUM

Additional funding needed to provide CHILD Profile
materials to children 0 to age 4 (sfy02) & to age 5 (sfy03) \$152,227 \$193,037 \$345,264

Cost of providing all materials to one child \$5.87 \$5.87 \$5.87

Average number of children served with funding 25,933 32,885 29,409

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<u>Object Detail</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>Total</u>
A Salaries And Wages	110,000	110,000	220,000
B Employee Benefits	30,000	30,000	60,000
E Goods And Services	5,866,000	4,752,000	10,618,000
G Travel	5,000	5,000	10,000
J Capital Outlays	12,000		12,000
N Grants, Benefits & Client Services	1,721,000	2,125,000	3,846,000
Total Objects	7,744,000	7,022,000	14,766,000